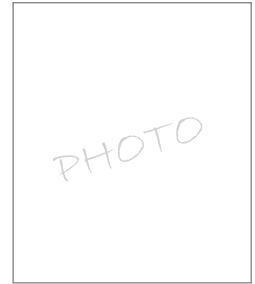




VANANCHAL DENTAL COLLEGE AND HOSPITAL

ALUMNI REGISTRATION FORM

Welcome To The Registration Page For Alumni. Please Take A Moment To Fill Out The Form Below. Please Supply All The Requested Information And Click On **SUBMIT**, Below



NAME :

UG/PG DEGREE COMPLETED :

YEAR OF JOINING COLLEGE :

YEAR OF LEAVING COLLEGE :

DCI REGISTERED NO :

ADDRESS :

EMAIL ID :

MOBILE NUMBER :

PRESENT STATUS :

PRESENT WORKING PLACE :

AREA OF INTEREST :

HOW WOULD YOU LIKE TO CONTRIBUTE TO DEVELOPMENT OF OUR COLLEGE :

RAISING AWARENESS OF THE CURRENT STUDENT BY GIVING A TALK TO THE STUDENT BY GIVING A TALK TO THE STUDENTS ABOUT THE OPPORTUNITIES AVAILABLE AND SKILLS REQUIRED IN YOUR FIELD OR WORK

GIVING A TALK TO THE CURRENT STUDENTS REGARDING RESUME PREPARATION. FACING INTERVIEWS GROUP DISCUSSIONS ETC.

LINKING THE CURRENT STUDENTS WITH PLACEMENT OPPORTUNITIES.

DEVELOPMENT OF DEPARTMENTAL LIBRARY, INFRASTRUCTURE ETC.

DEVELOPING INDUSTRY-COLLEGE LINKING FOR CONSULTANCY IN RESEARCH.

UPLOAD PHOTO. YES NO *tick the mark yes or no*

UPLOAD RESUME. YES NO *tick the mark yes or no*

SUBMIT. YES NO *tick the mark yes or no*